1 of 2

CLAIMS ONLY

Application Number	Filing Date
10/687035	
Applicant(s)	

* May be used for additional claims or amendments

CLAIMS	AS FILED 8-10-06		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
1	1						51					
2							52					
3							53					
4							54					
5							55					
6							56					
7							57					
8							58					
9							59					
10							60					
11							61					
12							62					
13							63					
14							64					
15							65					
16							66					
17							67					
18							68					
19							69					
20							70					
21							71					
22							72					
23							73					
24							74					
25							75					
26	1						76					
27		1					77	1				
28	1						78					
29							79					
30							80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44		1					94					
45							95					
46							96					
47							97					
48							98					
49		1					99					
50							100					
Total Indep							Total Indep					
Total Depend							Total Depend					
Total Claims							Total Claims					

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CLAIMS ONLY

Application Number	Filing Date
10/687035	
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CLAIMS	AS FILED 8-10-06		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		*		*		*	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
101	X	X					151					
102	X						152					
103							153					
104							154					
105							155					
106		1					156					
107		2					157					
108		2					158					
109		2					159					
110	X	X					160					
111							161					
112							162					
113							163					
114							164					
115							165					
116	1						166					
117		1					167					
118	X	X					168					
119							169					
120							170					
121							171					
122							172					
123							173					
124							174					
125							175					
126							176					
127							177					
128							178					
129							179					
130							180					
131							181					
132							182					
133							183					
134							184					
135							185					
136							186					
137							187					
138							188					
139							189					
140							190					
141							191					
142							192					
143							193					
144							194					
145							195					
146							196					
147							197					
148							198					
149							199					
150							200					
Total Indep	5						Total Indep					
Total Depend	50						Total Depend					
Total Claims	55						Total Claims					